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## **REQUEST FOR WITHDRAWAL** AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/725082	
Filing Date	12/02/2003	
First Named Inventor	Moody	
Art Unit	3641	
Examiner Name		
Attorney Docket Number		

P.O.	missioner fo Box 1450 andria, VA 2		-								
Please withdraw me as attorney or agent for the above identified patent application, and											
all the attorneys/agents of record.											
the attorneys/agents (with registration numbers) listed on the attached paper(s), or											
	the attorneys/agents (with registration numbers) listed on the attached paper(s), of the attorneys/agents associated with Customer Number  29633										
	•	•			ttorney			applic	ation i	s to all the	
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.											
The reasons for this request are:  Co-inventors have expressly terminated the all attromeys associated with the above customer number from future representation of their interests before the USPTO. There are no deadlines pending and no responses due the USPTO at this time, as there has been no office action yet issued in this matter.											
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2. Cl The a	nange the corr	ence address is N	nOT affected by thi ress and direct all f ner Number:	s withdra	wal.			:			
City		Jacksonville		State	FL		-		Zip	32259	
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Signature	4	<del>// / /                               </del>	1 (4)				<u>.                                    </u>				
Name	Thomas C. Sai	ta					Registration No. 32102				
Date	12/16/2004					Telephone No.			904-346-5518		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.											

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